Plague

NJ Department of Health & Senior Services

Fax Form To:

REPORTING INFORMATION

CDRS # _____

Outbreak # _____

PHEL approval #_____

☐ **Reported to DHSS**

Date ___/___/___ **Reviewer** _____

Is this case

☐ **Confirmed** ☐ **Probable**

☐ **Suspect** ☐ **Not a case**

County

Municipality

If this is a case, is the case epidemiologically linked to a confirmed/probable case? ☐ **Yes** ☐ **No** **If yes, Type of Epi-Link**

☐ **Household contact** ☐ **Workplace contact** ☐ **Other contact:**_____

Name of Epi-Link_____

Suspected Diagnosis

☐ **Pneumonic plague** ☐ **Septicemic plague**

☐ **Bubonic plague** ☐ **Pharyngeal plague**

☐ **Other, specify** _____

REPORTING SOURCE

Initial report date ___/___/___

Reported by: Name _____ Institution/Agency _____ Phone _____-_____-_____

Treating Physician Name _____ Phone _____-_____-_____

PATIENT INFORMATION

Name (last, first, MI)_____

Address _____ ☐ Homeless

City/State/Zip _____

Phone(s)/Email _____

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____

Phone: _____

Patient Occupation/Grade _____

Patient Employer/Worksite/School/Day Care Name_____

Patient Employer/Worksite/School/Day Care Phone _____-_____-_____

Birth date ___/___/___ Age _____

Gender ☐ F ☐ M ☐ DK

Ethnicity ☐ Hispanic or Latino

☐ Not Hispanic or Latino

☐ DK

Race (check all that apply)

☐ White ☐ Black/African American

☐ Asian/PI ☐ Native American/Alaskan

☐ Other, please specify_____

☐ DK

CLINICAL INFORMATION

Onset date: ___/___/___ Diagnosis date: ___/___/___ Illness duration: _____ days

Medical Care for Current Illness

Y N DK

☐ ☐ ☐ Was patient evaluated in the **Emergency Room?** (Date: ____/____/_____)

Hospital name _____ Contact and phone #_____ _____-_____-_____

Y N DK

☐ ☐ ☐ Did patient visit other health care providers/facility while ill? If yes, please specify below:

Provider/facility name _____

Contact and phone #_____

Date ___/___/___ ☐ DK

Provider/facility name _____

Contact and phone #_____

Date ___/___/___ ☐ DK

☐ ☐ ☐ Was the patient hospitalized? (Date ____/____/_____) If yes, name of facility_____

Signs and Symptoms

Y N DK

☐ ☐ ☐ Fever Highest measured temp: _____ °F

Type: ☐ Oral ☐ Rectal ☐ Other: _____ ☐ DK

Date _____/_____/_____

☐ ☐ ☐ Were fever reducing drugs taken prior to temperature reading?

☐ ☐ ☐ Cough Onset date: ___/___/___

Productive ☐Y ☐N ☐DK (if yes specify below)

☐Watery ☐ Mucoid

☐Bloody ☐ Other_____

☐ ☐ ☐ Chills

☐ ☐ ☐ Headache

☐ ☐ ☐ Muscle aches or pain (myalgia)

☐ ☐ ☐ Malaise

☐ ☐ ☐ Sore throat

☐ ☐ ☐ Tender glands

☐ ☐ ☐ Swollen glands

☐ ☐ ☐ Other, Specify_____

Clinical Findings

Y N DK

☐ ☐ ☐ Regional lymphadenitis ("bubo")

Location: ☐ Inguinal ☐ Femoral

☐ Cervical ☐ Right axillary ☐ Left axillary

Other location: _____

Size: _____

Tender ☐Y ☐N ☐DK

Erythematous ☐Y ☐N ☐DK

☐ ☐ ☐ Respiratory distress

☐ ☐ ☐ Pharyngitis

☐ ☐ ☐ Pneumonia

☐ ☐ ☐ Skin ulcer

☐ ☐ ☐ Conjunctivitis

☐ ☐ ☐ Other, Specify _____

[Y=Yes, N=No, DK=Don't Know, NA= Not applicable]

Tests Performed

Y N DK

☐ ☐ ☐ WBC Performed (Date: ____/_____/____)

☐ ☐ ☐ Leukocytosis Left Shift ☐ Y ☐ N

Please specify below

WBC Count: _____

Diff ____% Neutrophils ____% Bands ____% Lymphs

____% Monocytes ____% Eosinophils ____% Basophils

☐ ☐ ☐ Chest x-ray performed

Result: ☐ Normal ☐ Abnormal If abnormal, please describe finding:_____

Microbiology

Y N DK

☐ ☐ ☐ Lab tests performed for *Y. pestis*

Test	Date Collected	Specimen Type (blood, lymph node aspirate, sputum, CSF, serum)	Result
Culture	/ /		☐ growth ☐ no growth Organism identified:
Gram Stain ☐ yes ☐ no Result:_____			
Antimicrobial sensitivities	/ /	Resistance to: ☐ Gentamicin ☐ Doxycycline ☐ Ciprofloxacin ☐ Other: _____	
Culture	/ /		☐ growth ☐ no growth Organism identified:
Gram Stain ☐ yes ☐ no Result:_____			
Antimicrobial sensitivities	/ /	Resistance to: ☐ Gentamicin ☐ Doxycycline ☐ Ciprofloxacin ☐ Other: _____	
DFA	/ /		☐ pos ☐ neg ☐ indeterminate
DFA	/ /		☐ pos ☐ neg ☐ indeterminate
PCR (polymerase chain reaction)	/ /		☐ pos ☐ neg ☐ indeterminate
PCR	/ /		☐ pos ☐ neg ☐ indeterminate
IHC (immunohistochemical staining)	/ /		☐ pos ☐ neg ☐ indeterminate
IHC	/ /		☐ pos ☐ neg ☐ indeterminate
Antimicrobial sensitivities	/ /	Resistance to: ☐ Gentamicin ☐ Doxycycline ☐ Ciprofloxacin ☐ Other: _____	
Serum antibody titer (acute)	/ /		Titer:
Serum antibody titer (convalescent)	/ /		Titer:

Outcome

Y N DK NA

☐ ☐ ☐ ☐ Died from illness Death date ___/___/___

☐ ☐ ☐ ☐ Autopsy performed

Y N DK

☐ ☐ ☐ Recovered, no complications

☐ ☐ ☐ Recovered, with complications

Please specify: _____

INFECTION TIMELINE

Exposure Period*

Enter onset date (first symptom) in heavy box. Count backward to figure probable exposure period.

	-7	Onset
Days from Onset:		
Calendar dates:	/ /	/ /

Contagious period:
Rarely spread person to person unless pneunomic form – then contagious until 72 hours after appropriate antibiotic treatment has been initiated.

EXPOSURE (*Refer to dates above)

Travel

Y N DK

☐ ☐ ☐ Travel Out of: ☐ County ☐ State ☐ Country

If yes, please list location and dates below

Location Date

(1) _____ ____/____/____

(2) _____ ____/____/____

(3) _____ ____/____/____

(4) _____ ____/____/____

(5) _____ ____/____/____

Y N DK NA

☐ ☐ ☐ ☐ Foreign arrival (e.g. immigrant, refugee, adoptee, visitor) Specify country: _____

Y N DK

☐ ☐ ☐ Attended social gatherings or crowded setting

Please list areas and dates:

(1) _____ ____/____/____

(2) _____ ____/____/____

(3) _____ ____/____/____

(4) _____ ____/____/____

(5) _____ ____/____/____

[Y=Yes, N=No, DK=Don't Know, NA= Not applicable]

Risk Factors

Y N DK

☐ ☐ ☐ Occupational exposure
☐ Laboratory worker ☐ Veterinarian
☐ Other: _____

☐ ☐ ☐ Handled sick or dead animal
Type: _____
Date of exposure: ___/___/___:

☐ ☐ ☐ Handled tissue of infected animal
Type: _____
Date of exposure: ___/___/___:

☐ ☐ ☐ Exposure to pets Date of exposure: ___/___/___
Cat or kitten ☐Y ☐N ☐DK
Dog or puppy ☐Y ☐N ☐DK
Other: _____
Free-roaming pet? ☐Y ☐N ☐DK
Was the pet sick? ☐Y ☐N ☐DK

Y N DK

☐ ☐ ☐ Wildlife or wild animal exposure
Specify:
_____

☐ ☐ ☐ Slept in cabin or outside

☐ ☐ ☐ Slept in places with evidence of rodents (e.g. animals, nest, excreta)

☐ ☐ ☐ Wild rodent or wild rodent excreta exposure
Where rodent exposure probably occurred:
_____

☐ ☐ ☐ Outdoor or recreational activities *
Please check all that apply
☐ lawn mowing ☐ gardening ☐ hunting ☐ hiking
☐ camping ☐ sports ☐ yard work
☐ Other, please specify _____

☐ ☐ ☐ Insect or tick bite*
☐ Deer fly ☐ Flea ☐ Mosquito ☐ Tick
☐ Louse ☐ DK ☐ Other: _____

*Please specify specific location in notes section.

Who provided information on risk factors and exposures?
☐ Patient ☐ Relative ☐ Friend ☐ Other, specify_____
If not the patient, specify name and contact information

Name _____Phone_____-_____-_____

ANTIBIOTIC PROPHYLAXIS/TREATMENT

Y N DK

☐ ☐ ☐ Antibiotics taken (Please list below)

(1) Antibiotic: _____Dose:_____ Duration:___ ☐ IV ☐ IM ☐ PO Date started: ___/___/___ Date ended: ___/___/___

(2) Antibiotic: _____Dose:_____ Duration:___ ☐ IV ☐ IM ☐ PO Date started: ___/___/___ Date ended: ___/___/___

(3) Antibiotic: _____Dose:_____ Duration:___ ☐ IV ☐ IM ☐ PO Date started: ___/___/___ Date ended: ___/___/___

(4) Antibiotic: _____Dose:_____ Duration:___ ☐ IV ☐ IM ☐ PO Date started: ___/___/___ Date ended: ___/___/___

(5) Antibiotic: _____ Dose:_____ Duration:___ ☐ IV ☐ IM ☐ PO Date started: ___/___/___ Date ended: ___/___/___

Infection Control

What infection control precautions are in place for the patient right now? ☐ None ☐ Droplet ☐ Contact ☐ Airborne
☐ Other, specify _____

What infection control precautions were in place upon the patient's arrival to the hospital? ☐ None ☐ Droplet ☐ Contact ☐ Airborne
☐ Other, specify_____

If none were in place upon arrival, when was the first instance that precautions were put in place

Date_____/_____/_____ Time _____ AM PM Type ☐ Droplet ☐ Contact ☐ Airborne
☐ Other, specify _____

CONTACTS

Contacts - Please list any contacts of the patient within contagious period as indicated on infection timeline (see page 2).

Name	Age	Relation	Symptomatic	Phone #
(1)_____	____	_____	☐ yes ☐ no ☐ DK	_____-_____-_____
(2)_____	____	_____	☐ yes ☐ no ☐ DK	_____-_____-_____
(3)_____	____	_____	☐ yes ☐ no ☐ DK	_____-_____-_____
(4)_____	____	_____	☐ yes ☐ no ☐ DK	_____-_____-_____
(5)_____	____	_____	☐ yes ☐ no ☐ DK	_____-_____-_____

PLAGUE CASE DEFINITION AND CLASSIFICATION

Clinical Definition: Plague is characterized by abrupt onset of fever, chills, head and body aches, malaise, prostration, and a polymorphonuclear leukocytosis (usually >10,000 per cubic mm), and takes one or more of the following principal forms:

- Bubonic plague: regional lymphadenitis
- Septicemic plague: sepsis: primary or secondary
- Pneumonic plague: severe pneumonia resulting from inhalation of infectious droplets or aerosols (primary pneumonic plague); or from hematogenous spread in bubonic or septicemic cases (secondary pneumonic plague)
- Pharyngeal plague: pharyngitis, usually cervical lymphandenitis

Case classification and Laboratory Testing

- Suspected case: A clinically compatible case, supported by finding stained organism in clinical specimens that have features of *Yersinia pestis*.
- Probable case:
  - A clinically compatible case with an epidemiologic link **OR**
  - A clinically compatible case with presumptive laboratory results (DFA test, PCR evidence, or a single elevated serum antibody titer to the F1 antigen) or a clinically compatible case during and within the geographic boundaries of an outbreak with known confirmed isolation of *Y. pestis*.
- Confirmed case: A clinically compatible case with confirmatory isolation of *Y. pestis*, or a fourfold or greater change in antibody titer to F1 antigen. Immunohistochemical staining of the organism can be considered confirmatory, when isolation or serological confirmation is possible.

Contact Definition: A close contact is defined as known contact with a patient at less than 2 meters (6-7 feet).

NOTES

Name of person completing form:_____ **Investigation complete date** ___/___/___

Case Entered into CDRS ☐ yes ☐ no	**Fax form to:**